

MEMORANDUM

TO: NH Medical Control Board
NH EMS & Trauma Services Coordinating Board

FROM: Sue Prentiss, BA, NREMT-P, Chief
FST & EMS
Bureau of EMS

RE: Division of Fire Standards and Training and Emergency Medical Services
(FST & EMS) – Bureau of EMS Report

DATE: January 15, 2008

On behalf of the New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FST & EMS), I hope you and the members of the organizations you represent had a holiday season, welcome to winter!! Between two storms we can schedule in a meeting! As always, we are busy and below is an update on FST & EMS activities.

As of January 15, 2008, the Bureau licensing numbers are:

Apprentice	6
First Responders:	304
NH EMT-B	71
NREMT-B	1900
EMT-I	1043
EMT-P	642
IFTE	<u>4</u>
TOTAL:	3970

We have 111 providers, whose CPR cards have lapsed, therefore invalidating their license. As soon as we get a valid card, they get back in the system. We are up to 151 I/C's, including 120 Provisional. There are 253 licensed Units.

Bureau of EMS Report: In early December I was saddened to learn that one of my classmates from Paramedic School, John Stumpff, had lost his life in the Line of Duty. John a former Firefighter – Paramedic at Dover Fire, Dover, NH, was working as a Flight RN in Alaska when the aircraft went down during a mission. Details on a memorial service in NH are pending for sometime this spring. Please keep John, his family and EMS colleagues in your thoughts. I received some sad news yesterday as well, a former partner of mine from my days at Golden Cross Ambulance, Lebanon Division, Michael Sandoe suddenly passed away. Mike also served as a call member of Hanover and Etna Fire and EMS. Again, please keep Michael and his family in your thoughts.

After conducting a thorough and lengthy search to fill the Program Specialist III position within the EMS and QM Section, our candidate, at the eleventh hour declined. This is a huge setback. We are looking at the number two candidate, and may possibly conduct another search. In the interim both Scott Taylor and Todd Donovan have been a great help to Michael and the EMS community.

We are in the final stages of negotiations for office space in Gorham, NH. This would become the home for the Northern NH EMS Field Office. For now, the Technical College in Berlin remains our home. Lucie, Liza and Diane are doing a great job in less than optimal circumstances. We are doing everything within our abilities to move the process along.

New London Hospital EMS Conference: will be held this year April 25 – April 27, 2007. As always, the program will be held at Mount Sunapee and FST & EMS will be one of the co-sponsors.

Protocols: There seems to be confusion as to who is responsible for Patient Care Protocols content and the overall process. I wanted to take the opportunity to make sure everyone was clear in the EMS community that it is not staff members at FST & EMS writing and adopting these documents. RSA 153-A creates the EMS Medical Control Board. Each of the 5 EMS Regions has one or more physicians appointed to the Board, per the nomination of the Regional EMS Council. The Commissioner of Safety makes the Board appointments as well as appoints the Chairperson on the Board. Once seated, the physicians on the Board research, review, debate and decide what the content of the Protocols will be. Feedback to and from the EMS Units and providers in the Regions should go through the physician(s) representing your Region. A subcommittee of the Medical Control Board, the content review committee, composed of all levels of pre-hospital providers, MD's and RN's work within a two year cycle to review the most current science, and data available for each protocol. Drafts from the subcommittee are brought to the full Medical Control for approval. It is the role of FST & EMS to support this process, and support the implementation once the Protocols once the full set is reviewed.

Advanced Life Support Section: The protocol subcommittee has reviewed the following protocols over the past two months:

- Cardiac protocols,
- Newborn Resuscitation
- Poisoning/Substance Abuse/Overdose
- Trauma protocols including Traumatic Brain Injury, Eye & Dental, Drowning, and Burns.

There were not many substantive changes made, mostly formatting and organizational changes to make the protocols easier on the eyes.

Where “IV establishment” and “ALS/paramedic intercepts” are part of Routine Patient Care, it was decided to remove them from the individual protocols to help clean them up and remove the redundancy.

While reviewing the Newborn Resuscitation protocol a new protocol was created for the uncomplicated delivery titled, “Care of the Newborn”, this will be presented to the Medical Control Board for approval.

At the January 2008 meeting last week it was decided to create a protocol wiki. This is similar to the subcommittee’s Yahoo Group, however unlike the group, the wiki will give a home to the working draft. This will enable the subcommittee to communicate and edit the protocols while in the drafting stage. A wiki will eliminate having many versions of the protocols; in addition the wiki is a vehicle for communication among the members as well as creating a document history, so that as changes are made, we can look back at previous versions. Only subcommittee members will be given access to the wiki, to keep it secure. In the end, the drafts are presented to the full Medical Control Board for approval.

The quarterly reports for RSI will be presented to the Medical Control Board today. The four programs currently approved under the Protocol Pre-requisites have completed the renewal process as well.

Education Section Updates: the totals are here for 2007:

- 835 courses authorized and administratively supported
- 2, 894 candidates tested in 133 practical exams

Refresher season is in full swing. We are in the height of refresher season with many exams in January and February. Our PT Exam Coordinators are doing an outstanding job covering exams and keeping up with our goal of state-wide standardization. We are reviewing feedback on pilot of 2 new patient assessment scenarios. The preliminary review showed positive results with no change in pass / fail rates. The second “Instructor Insight” newsletter has gone out to all licensed I/C’s. We have received positive feedback on this communication tool and will continue to use this medium to communicate with our instructors.

Course Audits have taken place both in the classroom and via “desk audits.” In general findings are positive, however, some deficiencies have been found and we have been able to facilitate corrective measures to increase compliance with rules and laws. We continue to carefully track and watch the progress of the National EMS Education Standards, and the Coordinating Board will receive a presentation on the latest draft today.

Here are the latest CBT statistics:

- 84 Programs have applied and been authorized by FST & EMS
- First Responder: 73 candidates have tested, 54 passed, 19 failed
- EMT-Basic: 982 tested, 614 passed, 368 failures
- EMT- Intermediate: 206 tested, 153 passed, 53 failures
- EMT-Paramedic 42 tested, 41 passed, 1 failure

Field Services Update: the licensing section has been staying busy with the end of year, biennial, Unit licensing. Close to 300 Units have been processed. Only a few applications remain pending and those Unit leaders are on notice. The grandfathered group of NH EMT's renew each December as well as Vehicle inspections are up to date and always an on-going process.

A number of Investigations are underway. The lengthy process of research, coordination, fact-finding, further research and summary writing is consuming the time of two Field Services Staff members with additional Staff being enlisted as necessary. Threats to Public Health are handled with priority.

Field Services is the liaison to various groups and attends regular meetings with the NH Association of EMT's, NH Ambulance Association, EMS Hospital Coordinator's, each of the five Regional Councils and the EMS Coordinating Board.

Other projects underway include the pilot testing of the new and improved "Welcome to EMS" presentation and a rejuvenation of the Training Officer Program. Less requested programs on HIPAA, Recruitment and Retention and Public Relations & Education are always under revision and available with sufficient notice for staff presentation.

Research & Quality Management: some numbers for your consideration at the start of 2008:

Total Number of Reports:	230,860	(From 1/05 through 1/7/08
2006	101,379	
2007	111,419	(Increase of 9.9%)
2008	1,778	Through 1/7/08

Average Time to Complete a Report	
2006	26.7 minutes
2007	25.9 minutes

FST & EMS has been awaiting the posting of the significant changes to the TEMSIS system. On Friday 1/18/08 between 7:30 p.m. and 8:30 p.m. version 3.7. We know that minor changes were made for the new CMS documentation requirements as of the first of the year as well as NH had specific documentation changes related to the Civil Union law implementation.

Working with the TEMSIS User/Advisory group, FST & EMS will still be recreating the data entry screens in accordance with reducing the number of elements one has to fill out in order to complete a report. We are looking to create a “collaborative” report for first responder agencies (even less elements as long as a competent and complete patient care report is created).

The Research and Quality Management (QM) Section is jumpstarting the quality management system for the State project started last year prior to staff changes. A User group utilizing the wiki system has been set up to cut down on meetings and travel. Work has begun on a six-part quality management manual that uses TEMSIS and provides tools for Units to use. Administrative Rules for QM are being drafted, taking the version that was in Interim Rule into consideration. This Section will be creating training seminars to educate the EMS providers throughout the State.

- a. A rewrite of the “Documentation” section in the EMT training including:
- b. Improving TEMSIS training
- c. Intro and advanced QM training for all providers
- d. Intro and advanced QM training for managers
- e. Facilitation training
- f. Research training

For more information contact Mike Schynder.

Trauma System: the Trauma Medical Review Committee (TMRC) continues to work on revising the standards for NH trauma hospitals. The committee is in the process of making revisions to the hospital standards for facilities that are currently assigned as Level II and Level III trauma hospitals. This effort incorporates changes in national standards, particularly the American College of Surgeons guidelines, but also recognizes NH’s unique needs.

As noted in previous reports, the current Level II trauma hospitals will probably not be able to meet new standards for Level II, and upon renewal of assignment will likely be evaluated based on the new Level III standards. In previous meetings it was said that NH Level III guidelines could be higher than national guidelines to reflect the needs of the populated urban areas, but a concern expressed at the December TMRC meeting was that the current Level III’s would probably not be able to meet the higher criteria, would consider assignment as a Level IV to be a downgrade, and would object to the plan on those grounds. For now the committee will continue its efforts to try to establish standards that meet the needs of the community, and will decide at a later time what to call the categories.

It must be emphasized that any changes resulting from the revision would not go into effect until expiration of the hospital’s current trauma assignment. We anticipate an ongoing debate over the next few months. Attendance at the TMRC meetings is open to the public. The next meeting is February 13, 2008 from 9:30 – 11:30 a.m. at the NH Fire Academy.

HeartSafe Communities & the AED Advisory Commission: in cooperation with the Department of Health and Human Services (DHHS), and the help of a consultant, we are finally going to see HeartSafe Communities implemented. This American Heart Association initiative is focused around developing and sustaining community level public access defibrillation and CPR networks. We hope to get Regional EMS Councils involved in the approval process. An introductory meeting is being scheduled for the last week of February and will include invites to Regional Council Chairs and members of the public health networks. More information will be available shortly.

An AED Advisory Commission was set up by the Legislature. This group is focused on helping to establish AED programs in schools. This includes raising funds, developing resources and community based networks for these programs and communications. I have been elected Vice Chairperson of this Commission.

As always, if we can be of further assistance, please do not hesitate to call me at (603) 271-4569.